

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000010271

FILED
Mar 28, 2008
Secretary of State

Entity Name: NEW LIFE IN CHRIST DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

1412 WEST WATERS AVENUE
SUITE 201 & 202
TAMPA, FL 33604

New Principal Place of Business:

14801 N 15TH STREET
LUTZ, FL 33549

Current Mailing Address:

1412 WEST WATERS AVENUE
SUITE 201 & 202
TAMPA, FL 33604

New Mailing Address:

7311 MONTEREY BLVD.
TAMPA, FL 33625

FEI Number: 72-1606680 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCQUEEN, ROBERT G
16906 TOBACCO RD
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SASHA MCQUEEN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCQUEEN, ROBERT G
Address: 16906 TOBACCO RD
City-St-Zip: LUTZ, FL 33558

Title: VP () Delete
Name: MCQUEEN, SASHA A
Address: 16906 TOBACCO RD
City-St-Zip: LUTZ, FL 33558

Title: ASVP () Delete
Name: MCQUEEN, REBECCA D
Address: 16906 TOBACCO RD
City-St-Zip: LUTZ, FL 33558

Title: ASVP () Delete
Name: MCQUEEN, SAMUEL R
Address: 16906 TOBACCO RD
City-St-Zip: LUTZ, FL 33558

Title: SECT () Delete
Name: RICHARDS, JENIFIA C
Address: 7311 MONTEREY BLVD
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MCQUEEN

DIR

03/28/2008

Electronic Signature of Signing Officer or Director

Date